

Date Application Received: \_\_\_\_\_

**Application for Ordinance Amendment**  
**City of Harrisonburg, Virginia**

**Fee:** \$325.00

**Total Paid:** \$ \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Applicant's Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

**Description of Amendment**

Zoning Ordinance Section: \_\_\_\_\_

Proposed Text: \_\_\_\_\_

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Certification: I certify that the information contained herein is true and accurate.

Signature: \_\_\_\_\_

*Applicant Signature*

**ITEMS REQUIRED FOR SUBMISSION**

☐ Completed Application  
☐ Ordinance Text  
☐ Letter of description

☐ Fees Paid  
☐  
☐ \_\_\_\_\_